UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of report (Date of earliest event reported): November 24, 2026

REZOLUTE, INC.
(Exact Name of Registrant as Specified in Charter)

Nevada	**001-39683**	**27-3440894**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

275 Shoreline Drive, Suite 500, Redwood City, CA 94065
(Address of Principal Executive Offices, and Zip Code)

650-206-4507
Registrant's Telephone Number, Including Area Code

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

¨ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

¨ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

¨ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

¨ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	**RZLT**	**Nasdaq Capital Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2 of this chapter).

Emerging growth company ¨

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ¨

Item 7.01 Regulation FD Disclosure.

Rezolute, Inc. (the "**Company**") prepared presentation materials (the "**Investor Presentation**") that management released on its website on November 13, 2026. From time to time thereafter, the Company may use the Investor Presentation, possibly with modifications, in presentations to current and potential investors, analysts, lenders, business partners, acquisition candidates, customers, employees, and others with an interest in the Company and its business. A copy of the Investor Presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The information in this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "**Exchange Act**"), or otherwise subject to the liability of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, except as expressly set forth by specific reference in such filing to this Current Report on Form 8-K.

The Investor Presentation contains forward-looking statements. Forward-looking statements, which are based on certain assumptions and describe future plans, strategies, and expectations of the Company, are generally identified by use of words such as "anticipate," "believe," "estimate," "expect," "intend," "plan," "project," "prove," "potential," "seek," "strive," "try," or future or conditional verbs such as "predict," "could," "may," "likely," "should," "will," "would," or similar expressions. The Company's ability to predict results or the actual results of the Company's plans or strategies is inherently uncertain. Accordingly, actual results may differ materially from anticipated results. Readers of the Investor Presentation are cautioned not to place undue reliance on these forward-looking statements. Except as required by applicable law or regulation, the Company undertakes no obligation to update these forward-looking statements to reflect events or circumstances that occur after the date on which such statements were made. Important factors that may cause such a difference include any other factors discussed in the Company's filings with the SEC, including the Risk Factors contained in the Company's Annual Report on Form 10-K and Quarterly Reports on Form 10-Q, which are available at the SEC's website at www.sec.gov.

Item 9.01 Financial Statements and Exhibits.

(d) *Exhibits*.

Exhibit No.	Description
99.1	Investor Presentation
104	Cover Page Interactive Data File (formatted as inline XBRL)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

REZOLUTE, INC.

DATE: November 24, 2026

By: */s/ Nevan Charles Elam*
Nevan Charles Elam
Chief Executive Officer

Exhibit 99.1


REZOLUTE
A Late-stage Ultra-rare Disease Company Treating Refractory Hypoglycemia
Corporate Presentation

Forward Looking Statements

This presentation, like many written and oral communications presented by Rezolute and our authorized officers, may contain certain forward-looking statements regarding our prospective performance and strategies within the meaning of Section 27A of the Securities Act and Section 21E of the Securities Exchange Act of 1934, as amended. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995 and are including this statement for purposes of said safe harbor provisions. Forward-looking statements, which are based on certain assumptions and describe future plans, strategies, and expectations of Rezolute, are generally identified by use of words such as "anticipate," "believe," "estimate," "expect," "intend," "plan," "project," "prove," "potential," "seek," "strive," "try," or future or conditional verbs such as "predict," "could," "may," "likely," "should," "will," "would," or similar expressions. These forward-looking statements include, but are not limited to, statements regarding the design, timing, and results of our studies of ersodetug, including the sunRIZE open-label extension, the upLIFT study, and our Expanded Access Program; the potential efficacy, safety, and benefits of ersodetug in congenital hyperinsulinism, tumor hyperinsulinism, GI-surgery hypoglycemia, and other potential indications; our interactions with the U.S. Food and Drug Administration and other regulators, the regulatory pathway for ersodetug, and the timing and potential submission of a reimbursement, payer coverage, guideline inclusion, and market adoption; and the sufficiency of our cash runway. Our ability to predict results or the actual effects of our plans or strategies is inherently uncertain. Accordingly, actual results may differ materially from anticipated results. Readers are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this release. Except as required by applicable law or regulation, Rezolute undertakes no obligation to update these forward-looking statements to reflect events or circumstances that occur after the date on which such statements were made. Important factors that may cause such a difference include any other factors discussed in our filings with the SEC, including the Risk Factors contained in the Rezolute's Annual Report on Form 10-K and Quarterly Reports on Form 10-Q, which are available at the SEC's website at www.sec.gov. You are urged to consider these factors carefully in evaluating the forward-looking statements in this release and are cautioned not to place undue reliance on such forward-looking statements, which are qualified in their entirety by this cautionary statement. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of these securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or other jurisdiction.

©2026 Rezolute, Inc. All Rights Reserved.

A Late-stage Ultra-rare Disease Company Treating Refractory Hypoglycemia

RZ358 (ersodetug) is an antibody designed to treat refractory hypoglycemia caused by all forms of hyperinsulinism (HI)

Two late-stage programs evaluating ersodetug to treat refractory hypoglycemia in congenital HI and tumor HI

Compelling evidence that ersodetug is active against hypoglycemia in patients under the Company's Expanded Access Program

Total $5B+ global market opportunity with additional upside through expansion

Seasoned management team with demonstrated success from early development through commercialization

Well-capitalized for execution: ~$180 million in cash with runway through 2028

©2026 Rezolute, Inc. All Rights Reserved.

Late-stage Clinical Programs Targeting Hyperinsulinism

Program	Target	IND-Enabling	Phase 1	Phase 2	Phase 3	Next Milestone	Milestone Expected
Ersodetug	Congenital Hyperinsulinism					BLA filing	2027
Ersodetug	Tumor Hyperinsulinism					BLA filing	2027
Ersodetug	GI-Surgery Hypoglycemia (including PBH)					Regulatory Discussions	1H 2027

Pipeline expansion opportunities to treat additional causes of hyperinsulinism

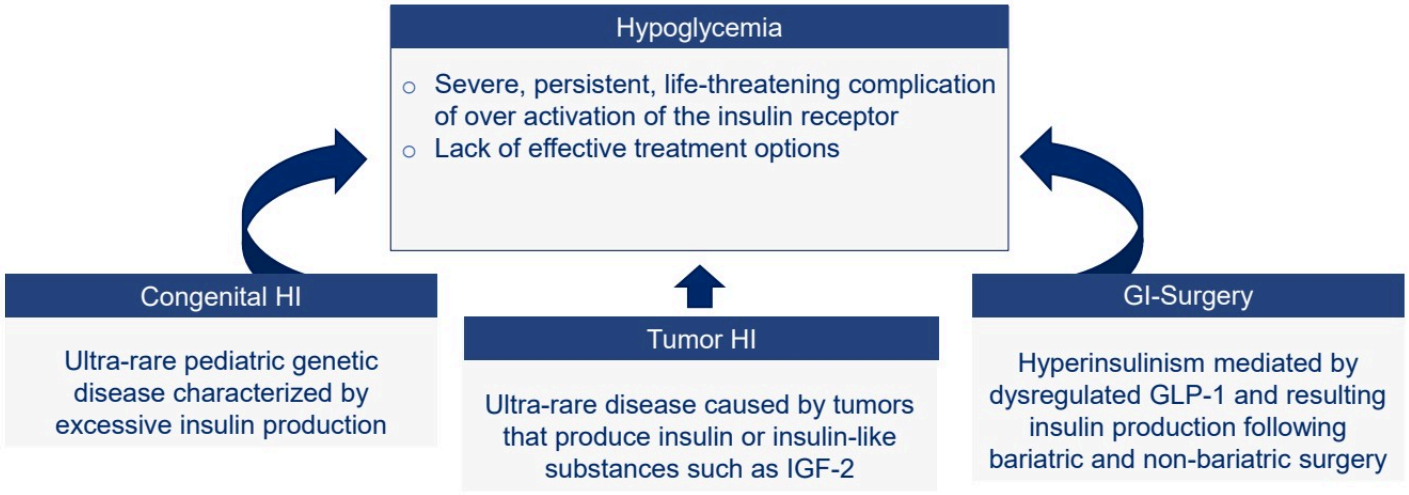
©2026 Rezolute, Inc. All Rights Reserved.

Ersodetug

Treatment for Hyperinsulinism (HI)



Refractory Hypoglycemia as a Result of HI

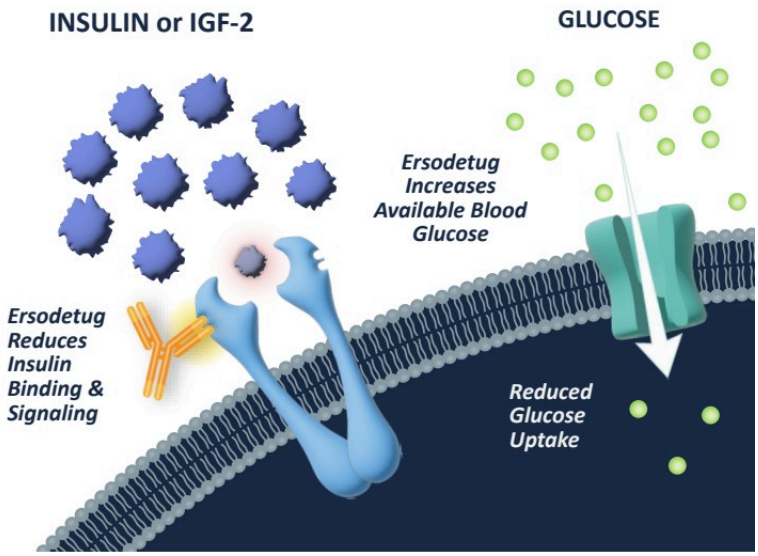


Ersodetug has been studied in clinical trials and a real-world expanded access program (EAP)

©2026 Rezolute, Inc. All Rights Reserved.

Downstream MOA at Insulin Receptor Addresses any Form of HI

- Fully human monoclonal antibody with a novel mechanism acting downstream from production source (e.g., pancreas)
- Allosterically binds to the insulin receptor to counteract excess signaling by insulin or paraneoplastic insulin-like substances (e.g., IGF-2 variants)
- Modulating effect helps maintain glucose values in a healthy range
- Administered by IV infusion



©2026 Rezolute, Inc. All Rights Reserved.

Congenital HI



Disease Pathophysiology, Incidence, and Clinical Features

- Multiple gene causes of dysregulated insulin production and signaling
- 1 in 22,000 live births in the US[1], translating to approximately 165 new patients per year
- Most common cause of persistent hypoglycemia in infants and children
- Often presents within first month of life and with new onset seizure in 70%[2]
- Risk of coma, death, and other serious complications if undiagnosed or undertreated
- Requires constant monitoring as serious hypoglycemic lows are often missed
- 50% of children with congenital HI have neurological deficiencies caused by hypoglycemic lows
- No therapy has been developed and approved for chronic treatment of all genetic forms[3]

[1] Based on the Forian and Compass claims data. [2] Meissner T, et al. *EUR J Endocrinol*. 2003;149(1):43-51. [3] Based on the RIZE clinical trial outcomes and the evidence of benefit in this serious condition with substantial unmet medical need, ersodetug was granted Breakthrough Therapy Designation by the US Food and Drug Administration (FDA), a priority medicines (PRIME) designation by the European Medicines Agency (EMA), an Innovation Passport designation by the U.K. Innovative Licensing and Access Pathway (ILAP) Steering Group, and Orphan Drug Designation in the US and EU for the treatment of hypoglycemia due to congenital HI.

©2026 Rezolute, Inc. All Rights Reserved.

High Unmet Medical Need with Current Standard of Care

- Diazoxide (DZ) is first line treatment and the only approved medication for hypoglycemia caused by HI
  - ~60% of patients do not respond to DZ
  - Can cause frequent and serious adverse reactions including volume overload, heart failure, and pulmonary hypertension
  - Patients report[1] intolerable side effects including increased body hair (89%), loss of appetite (40%), swelling (22%), and facial changes (23%)
- Other available treatment options are suboptimal
  - Glucagon tends to be temporizing and short-term
  - Somatostatin analogs have marginal efficacy and potentially serious pediatric side effects
  - Intensive feeding regimens (e.g., tube feeding) often underlie all of these approaches
  - May contribute to a cycle of poor appetite and feeding aversions
  - Pancreatectomy is an invasive option in DZ non-responsive patients, but frequently requires adjuvant medications until insulin-dependent diabetes eventually ensues

37% of individuals on DZ report experiencing persistent hypoglycemia up to several times per week[1]

[1] Pasquini T, et al. Real-world experience with the use of diazoxide among people living with congenital hyperinsulinism and their caregivers. Front Endocrinol (Lausanne). 2025 Aug 21;16:1628125.

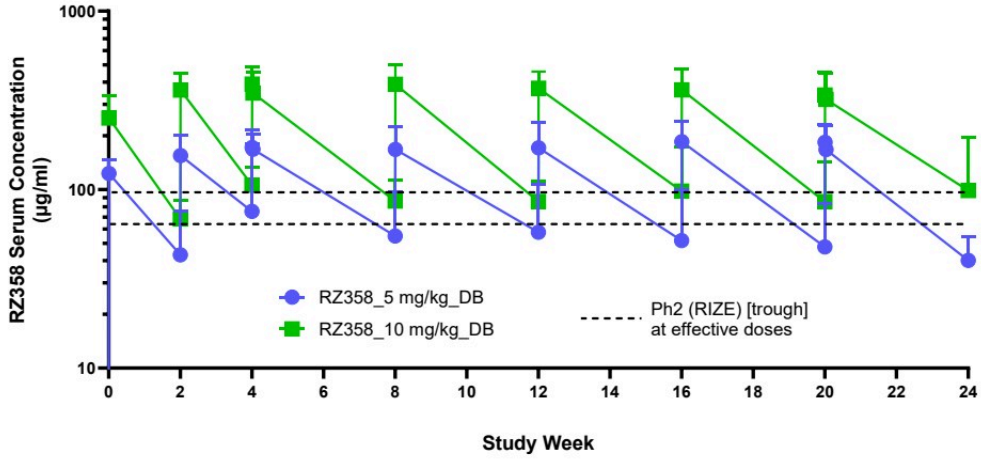
©2026 Rezolute, Inc. All Rights Reserved.

Phase 3 sunRIZE Study Highlights

- Study status
  - Phase 3 pivotal study completed; open-label extension (OLE) ongoing
  - 100% roll-over to OLE and very high retention rate
  - Significant number of patients have stopped other therapies and remain on ersodetug as monotherapy
- Efficacy (Pivotal, RCT period)
  - Primary endpoint (SMBG weekly hypoglycemia events) not met due to confounding placebo/study effect caused by functional unblinding of the endpoint
  - Several CGM outcomes showed consistent and clinically meaningful reductions in hypoglycemia at both doses
- Safety
  - Reassuring safety profile
  - 2% systemic hypersensitivity reactions; mild hypertrichosis observed
- Long-term experience
  - Significant exposure experience with continued glycemic benefit
  - More than 100 patient years of exposure to date
- FDA reviewed additional study data provided by the Company at the Agency's request
  - Encouraged us to request a Type B pre-BLA meeting as a precursor to submitting a BLA for congenital HI

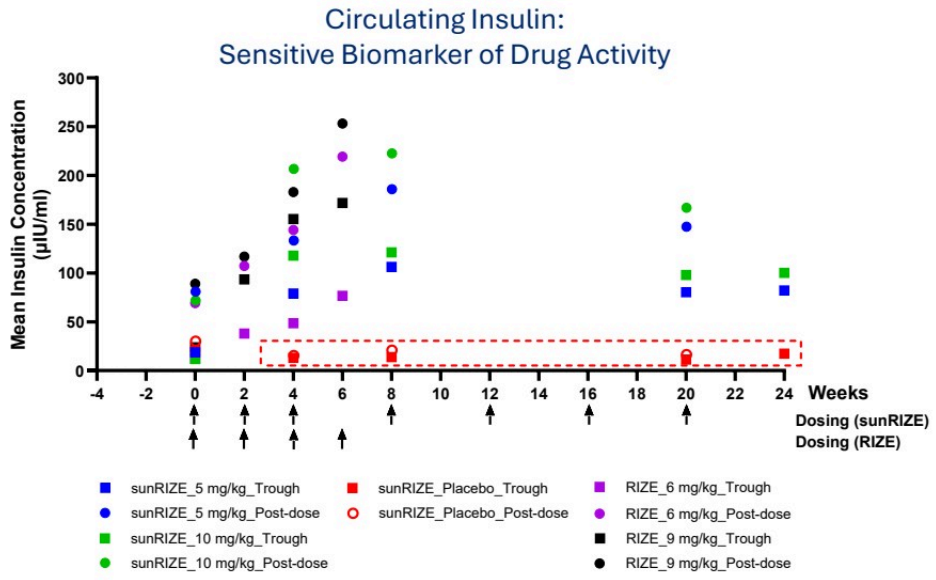
©2026 Rezolute, Inc. All Rights Reserved.

sunRIZE PK Showed Therapeutic and Age-Comparable Concentrations



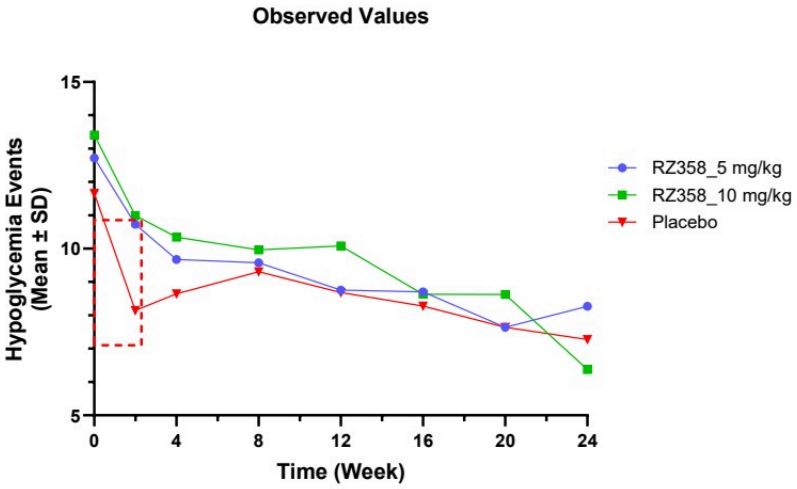
©2026 Rezolute, Inc. All Rights Reserved.

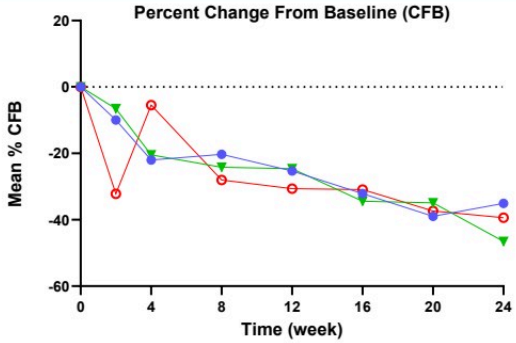
Decrease in Cleared Insulin Indicates Drug Activity at Insulin Receptor Target, and is Comparable to Ph2 RIZE Study

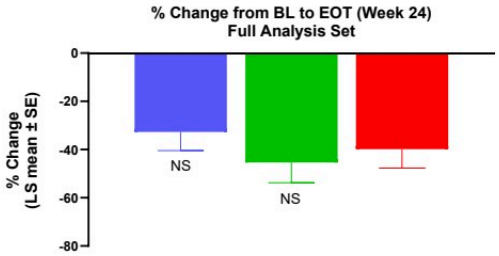


©2026 Rezolute, Inc. All Rights Reserved.

Study Effect on Unblinded SMBG Occurred Early in Dosing: Primary Endpoint Not Met (Change in Avg Weekly Hypo Events by SMBG)





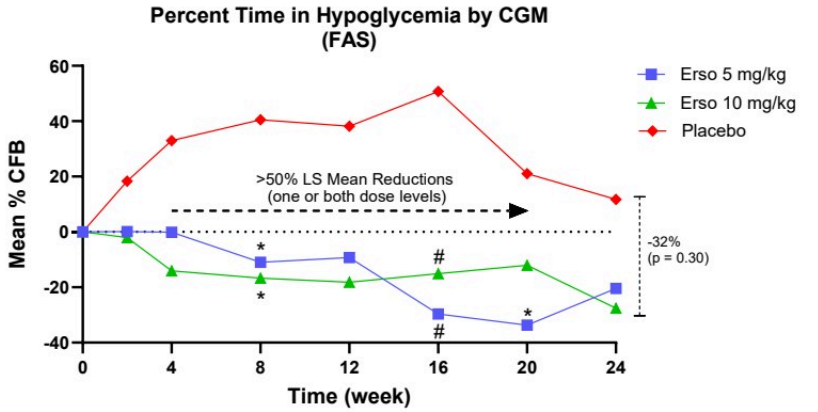


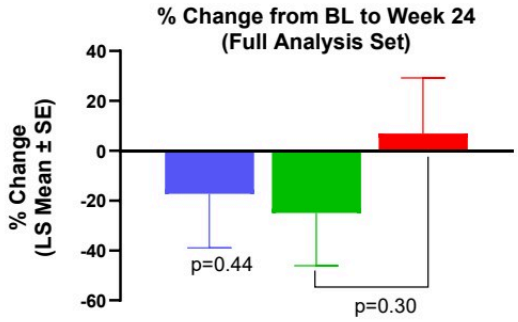
SMBG = self-monitored blood glucose, BL = baseline, EoT = end of treatment

©2026 Rezolute, Inc. All Rights Reserved.

Secondary Endpoint: Clinically Significant Reductions in Time in Hypoglycemia (CGM) not Stat. Sig. at Wk24/EOT

- Reductions of >50% compared to placebo with nominal statistical significance at the noted timepoints
- Not statistically significant at SAP-specified Week 24/EOT analysis window (-32%; p=0.30 at 10 mg/kg)





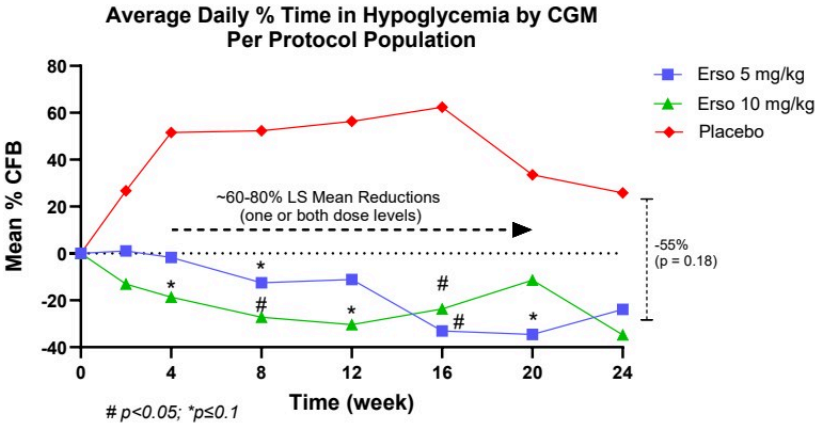
 # Significant reduction vs PBO (p<0.05; both doses) at Week 16;
**p≤0.1 at Weeks 8 (both doses) and 20 (5 mg/kg)*

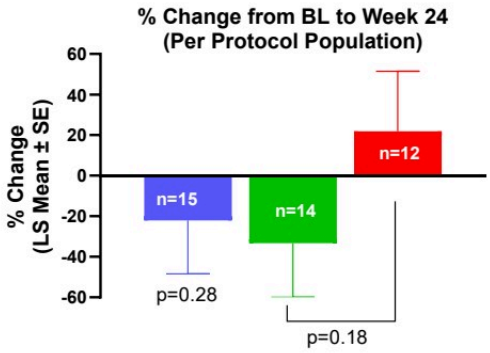
CGM = continuous glucose monitor, SAP = statistical analysis plan, FAS = full analysis set; CFB = change from baseline, PBO = placebo, BL = baseline

©2026 Rezolute, Inc. All Rights Reserved.

Time in Hypoglycemia Reductions (CGM) More Significant in the Per Protocol Set (PPS)* (n=41)

- Reductions of ~60-80% compared to placebo with nominal statistical significance at the noted timepoints
- Not statistically significant at SAP-specified Week 24/EOT analysis window (-55%; p=0.18 at 10 mg/kg)

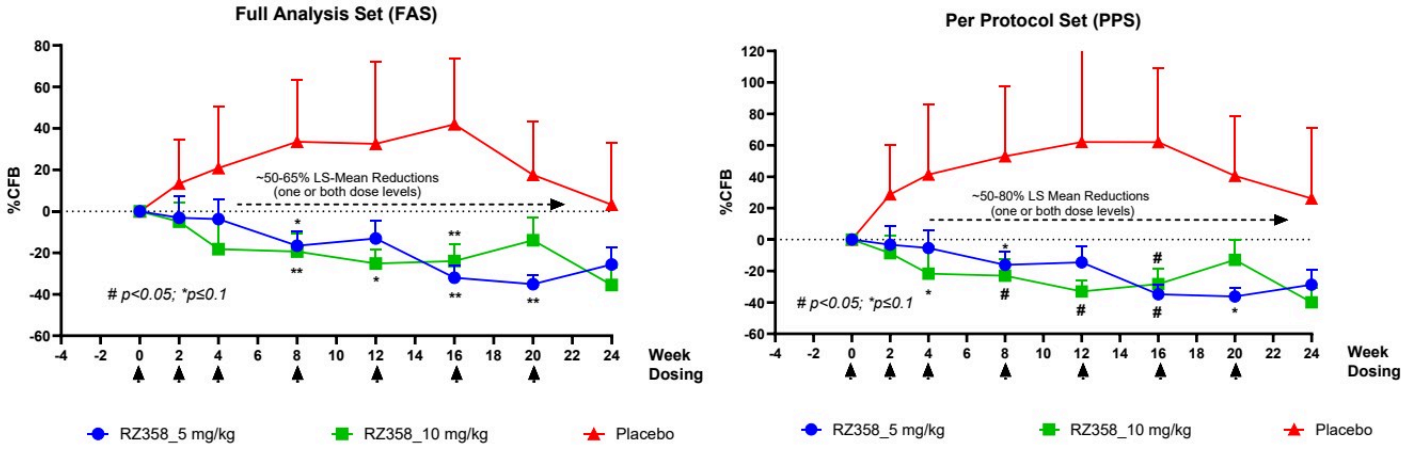




*Per-Protocol Set (PPS): Defined in blinded fashion prior to database lock and excludes participants with below threshold SMBG/CGM data collection, significant escalation in background SOC, and early discontinuations.
CGM = continuous glucose monitor, SAP = statistical analysis plan, EOT = end of treatment, CFB = change from baseline, BL = baseline, SMBG = self-monitored blood glucose, SOC = standard of care

©2026 Rezolute, Inc. All Rights Reserved.

Significant Reductions in Average Weekly Hypoglycemia Events by CGM in FAS and PPS Populations (Pre-Specified Endpoint)

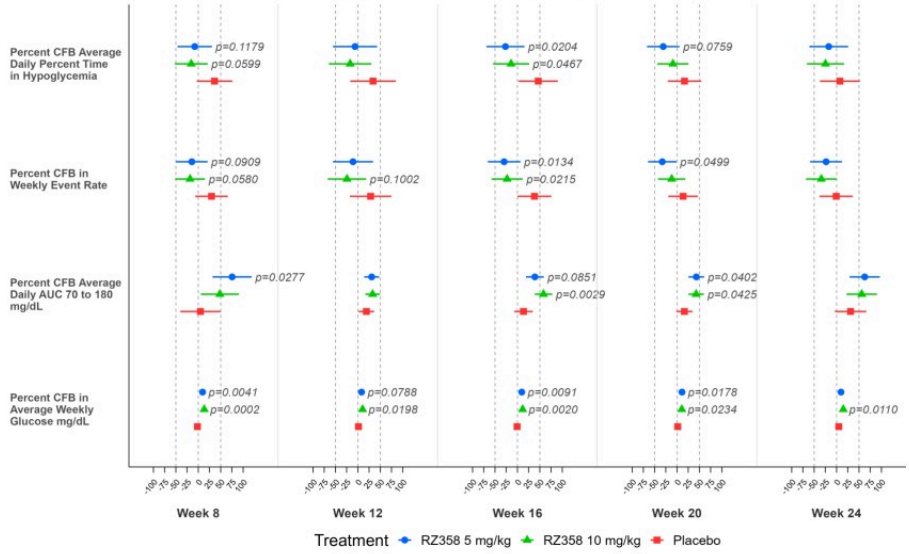


CGM = continuous glucose monitor, FAS = full analysis set, PPS = per protocol set, CFB = change from baseline

©2026 Rezolute, Inc. All Rights Reserved.

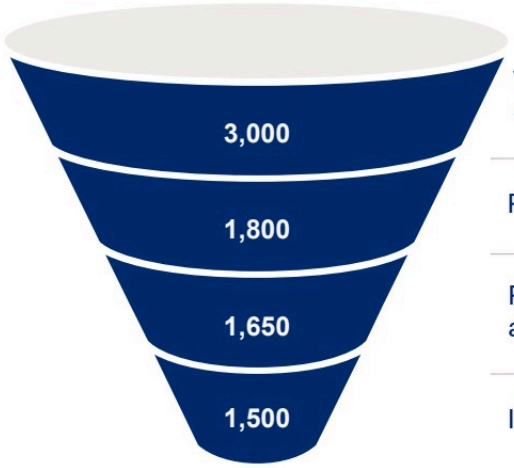
Consistent and Significant Glycemic Improvements Across Multiple CGM Outcomes in the Maintenance Phase of Dosing (every 4 weeks)

LS-Mean (95% CI) Percent Change from Baseline; FAS Population



©2026 Rezolute, Inc. All Rights Reserved.

~2,000 Addressable Congenital HI Patients in the U.S.



Verified in claims database[1]
- *Hypoglycemia + SOC congenital HI medical therapies**

Potential market after removing ~40% DZ responsive patients

Potential market after removing ~5% of patients with a surgically curable focal lesion

Initially addressable pediatric patients after removing adults

Market grows by ~500 with use in DZ-treated patients experiencing hypoglycemia and significant side effects

Source: Company analysis
[1] Claims database: Forian and Veeva Compass. *SOC = Standard of Care which includes Diazoxide (DZ), Somatostatin Analogs (SSAs), and NTP. There is no specific ICD-10 code for congenital HI.

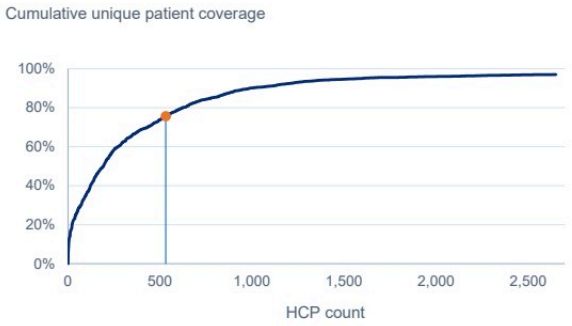
©2026 Rezolute, Inc. All Rights Reserved.

Market Concentration Enables Targeted Commercial Efforts

High penetration among a small number of treaters and Centers of Excellence

HCP CONCENTRATION

~500 HCPs treat 80% of patients



CENTER CONCENTRATION

80 centers manage 80% of patients



Source: Company analysis
*HCP = Health Care Professional; There is >80% overlap between target HCPs and centers in the two charts above.

©2026 Rezolute, Inc. All Rights Reserved.

Tumor HI



Pathophysiology and Clinical Presentation

- Hypoglycemia caused by two distinct tumor categories:
  - Islet Cell Tumors (ICT)
    - Excessive secretion of insulin
    - Malignant insulinomas are the most common ICTs that cause hypoglycemia
  - Non-Islet Cell Tumors (NICT)
    - Produce and secrete insulin-like paraneoplastic substances such as IGF-2 that over activate the insulin receptor
    - Hepatocellular carcinomas (HCC) are the most common NICTs that cause hypoglycemia in addition to several other tumor types including fibrosarcomas and mesotheliomas
- Significant unmet need across both tumor types
  - Resulting hypoglycemia is often severe and may have serious adverse outcomes
  - Limited treatment options with poor efficacy and safety profiles
  - High morbidity and mortality rates
  - Frequent prolonged hospitalization
  - Leads to frequent deferral of tumor treatment
  - Significant adverse impact on patient quality of life

©2026 Rezolute, Inc. All Rights Reserved.

High Unmet Medical Need with Current Standard of Care

- Significant unmet need to directly treat hypoglycemia over the entire course of the patient cancer journey
- Therapies to treat hypoglycemia caused by malignant insulinoma are often ineffective or poorly tolerated
  - Diazoxide (DZ) is the only approved treatment but has suboptimal response rates and serious side effects
  - Somatostatin analogs (SSAs) are used off-label with limited success, and may cause paradoxical worsening of hypoglycemia
  - mTOR-inhibitors are used off-label and have potentially serious side effects
- Limited and often ineffective treatment options for NICTH
  - DZ and SSAs do not work in NICTs because HI is not mediated by insulin

ICT: islet-cell tumor. NICT: non-islet cell tumor. SOC: standard of care.

©2026 Rezolute, Inc. All Rights Reserved.

Ongoing Phase 3 upLIFT Study: Primary Endpoint Achieved

- Patient population (n=16)
  - Adult ICT and NICT patients with HI who have not achieved adequate hypoglycemia control with SOC therapies
  - The 16 enrolled participants include four with non-islet cell tumors and 12 with insulin-secreting malignant islet cell tumors (insulinomas)
- Primary endpoint: proportion of participants achieving ≥50% reduction from baseline in glucose infusion rate (GIR), a measure of IV glucose dependency for underlying hypoglycemia
  - To achieve statistical significance for the endpoint, the lower bound of the 95% confidence interval for percent of patients responding must exceed 30%, which equates to at least 9 responders (≥56%), based on enrollment of 16 participants
  - Additional endpoints for GIR, time to discharge from the hospital, and extent of hypoglycemia in the outpatient setting, ECOG status, and patient reported quality of life
- Treatment arms and dosing regimen
  - Once weekly administration of 9 mg/kg per week as add on to SOC over 8-week pivotal treatment period
  - All participants may receive ersodetug in long-term extension
- Status: primary endpoint achieved
  - 13 of 14 participants have met the responder criterion for the study's primary endpoint
  - 3 participants are still in the pivotal period of the study, including 2 that have not yet met the responder criterion
  - Results for the completed study, including statistical analysis of the primary endpoint, are expected by mid-December 2026
- Safety: Erso well tolerated to date, with no drug-related safety findings attributed to ersodetug

ICT: islet-cell tumor. NICT: non-islet cell tumor. SOC: standard of care.

©2026 Rezolute, Inc. All Rights Reserved.

Real-world Patient Benefit in Expanded Access Program of Ersodetug

- Multiple tumor HI patients with severe refractory hypoglycemia
  - Hospitalized and life-threatening or hospice-bound condition
  - Required continuous high volume / concentration parenteral glucose
  - Tumor-directed therapies (e.g., embolization, radio therapy, chemotherapy) deferred because of hypoglycemia
  - Physician-requested use of ersodetug
- Administration of ersodetug through EAP has resulted in:
  - Substantial hypoglycemia improvement with no significant side effects[1]
  - Complete discontinuation of IV dextrose/total parenteral nutrition (TPN) in 75% of patients[2]
  - Discharge from inpatient to outpatient care
  - Ability to resume regular daily activities (e.g., driving)
  - Resumption of tumor-directed therapies

Joslin Diabetes Center | HARVARD MEDICAL SCHOOL AFFILIATE

Stanford MEDICINE

BRIGHAM HEALTH
BWH BRIGHAM AND WOMEN'S HOSPITAL

OHSU

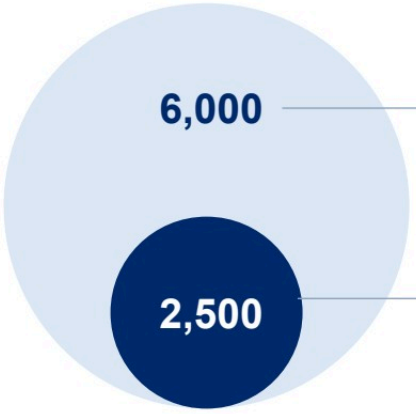
Hôpital Cochin Port-Royal AP-HP

MOFFITT CANCER CENTER

[1] Based on real-world patient benefit demonstrated in Expanded Access Program the US Food and Drug Administration (FDA) granted Orphan Drug Designation to ersodetug for the treatment of hypoglycemia due to tumor HI.
Sources: n engl j med 389;8 Aug24,2023 - https://www.nejm.org/doi/full/10.1056/NEJMc2307576?query=TOC&cid=NEJM+eToc%2C+August+24%2C+2023+DM2279684_NEJM_Non_Subscriber&bid=1754093795;
Jonathan Stosberg et al. The Journal of Clinical Endocrinology & Metabolism - https://academic.oup.com/jcem/article/111/11/e2382/8752955?login=false
[2] Mary Elizabeth Patti, MD et al. A Case Series on the Compassionate Use of Ersodetug, an Insulin Receptor Modulating Antibody, in Patients with Refractory Hypoglycemia Due to Malignant Insulin-Secreting Tumors. Poster #087. ENDO 2026, Chicago

©2026 Rezolute, Inc. All Rights Reserved.

~2,500 Addressable Malignant Insulinoma Patients in the U.S.



Malignant insulinoma patients
(includes C25.4, hypoglycemia, CGM, supporting symptoms[1])

Above + surgery or targeted therapy[2] + core symptoms[3] and repeated hospitalization[4]

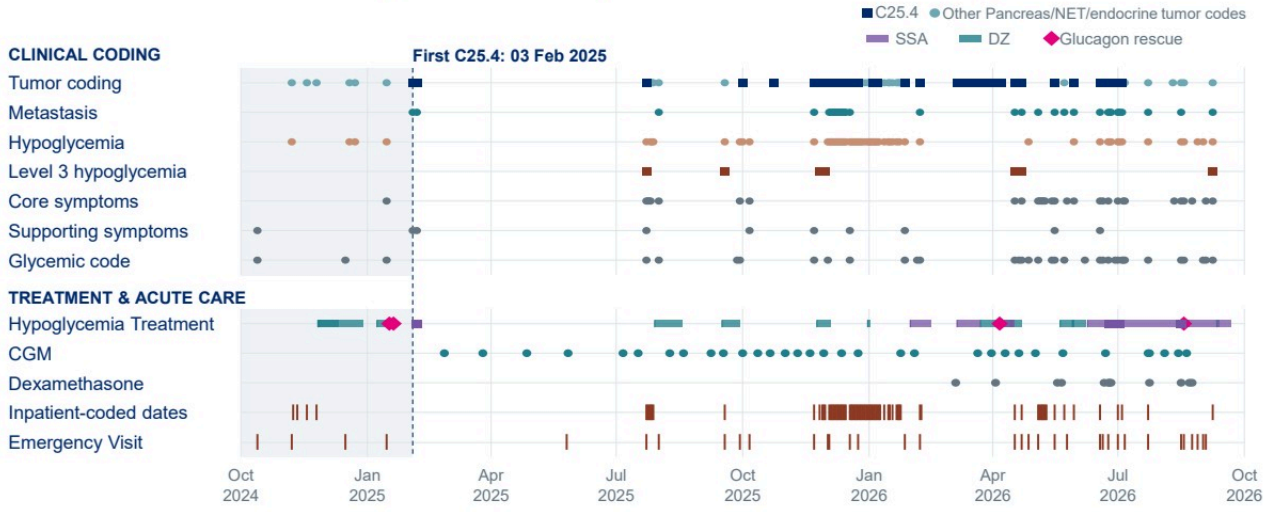
Significant market expansion opportunity with increasing awareness and positive experience with ersodetug

The ICD-10 code C25.4 is for malignant neoplasm of the endocrine pancreas, or cancer of the endocrine pancreas
CGM = Continuous Glucose Monitoring
[1] Supporting symptoms include weakness, dizziness, tremor, palpitations, slurred speech, etc.
[2] Diazoxide, Somatostatin Analogs, Lutathera, & Everolimus
[3] Core symptoms include syncope and collapse, disorientation, coma, altered mental state, convulsions, etc.
[4] Repeated hospitalization is defined as ≥2 inpatient or emergency department encounters with a hypoglycemia-related diagnosis in the prior 12 months plus core symptoms assessed over this time.
Point-in-time prevalence as of Oct 2026.
Source: Veeva Compass database; covers more than 70% of US patients, 4M+ providers, 120B+ records, and 8+ years of patient history.
Source: Company analysis

©2026 Rezolute, Inc. All Rights Reserved.

KOLs Point to Malignant Tumor Patients with Frequent ER Visits and Repeated Hypoglycemia Events While Taking Hypoglycemia Therapies as Good Candidates for Ersodetug

Example from Group 1: Patient Claims History



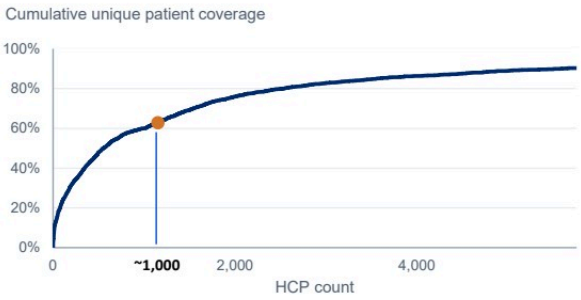
©2026 Rezolute, Inc. All Rights Reserved.

Insulinoma – Concentrated Market with High Disease Awareness

High penetration with a small number of treaters at National Cancer Institutes and Academic Medical Centers

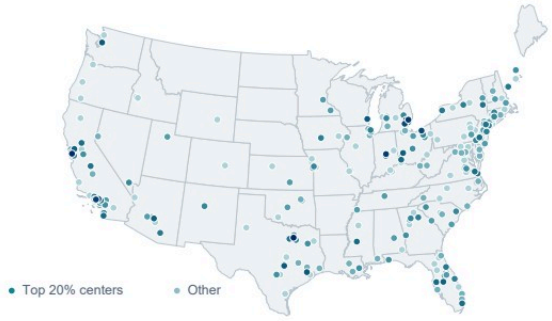
HCP CONCENTRATION

~1,000 HCPs treat 60% of patients



CENTER CONCENTRATION

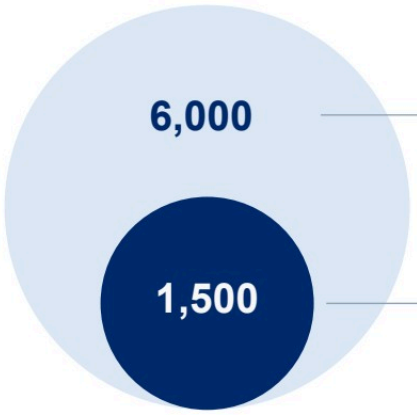
300 centers manage 60% of patients



Source: Company analysis
HCP = Health Care Professional; There is >80% overlap between target HCPs and centers in the two charts above.

©2026 Rezolute, Inc. All Rights Reserved.

~1,500 Addressable NICTH Patients in the U.S.



Patients with qualifying tumor[1] + in-patient treatment of hypoglycemia ("hypo") or recurrent hypo events

Above + hypo treatment[2] or ≥ 7 days in-patient/emergency department or hypo diagnosis (e.g., insulin, C-peptide, IGF levels)

Significant market expansion opportunity with increasing awareness and positive experience with ersodetug

[1] Over 16 different tumors have been linked to IGF-2, including liver, stomach, lung, breast, ovary, sarcomas, colorectal, esophageal, and others
[2] Dextrose, oral glucocorticoids, and glucagon (diazoxide and somatostatin analogs are not effective treatments for hypo from IGF-2 tumors)
Point-in-time prevalence as of Oct 2026.
Source: Veeva Compass database; covers more than 70% of US patients, 4M+ providers, 120B+ records, and 8+ years of patient history.
Source: Company analysis

©2026 Rezolute, Inc. All Rights Reserved.

Strong Foundation for High Penetration and Continued Market Expansion

- Insulinoma
  - Well-understood disease with established guidelines on hypoglycemia management
  - NANETS (North American Neuroendocrine Tumor Society) and NCF (Neuroendocrine Cancer Foundation) dedicated advocacy groups
  - Claims analysis supports a significant patient pool
  - High confidence in patient identification
- NICTH
  - Widely recognized as a severe condition
  - Awareness of hypoglycemia management low due to lack of targeted therapies and IGF2 testing
  - Patient identification will increase over time with awareness and positive experience
- Upside potential
  - Peri-operative management of solitary / benign tumors
  - Solitary/benign tumors where surgery may not be ideal (e.g., contraindications or inability to localize)
  - Potential increase in survival, as hypoglycemia-stabilized patients get anti-tumor treatment
  - Inclusion in the NCCN guidelines helps patient identification and payer reimbursement

©2026 Rezolute, Inc. All Rights Reserved.

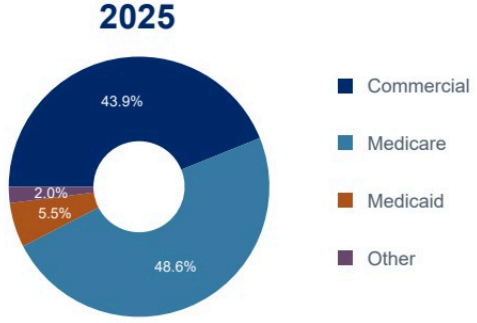
Combined Commercial Opportunity in Congenital and Tumor HI Indications



Payer Research Supports Ultra-Rare Disease Pricing for Tumor HI

- Insulinoma and NICTH indications with a high unmet need and low budgetary impact, supporting ultra-rare disease pricing
- Expect to manage ersodetug with a prior authorization aligned to the label and a step-through diazoxide for patients with insulinoma
- Inclusion in NCCN and ENDO Society guidelines expedites the payer approval process
- Expect institutions, particularly NCI-designated centers, to be adept at navigating the medical exception process for payer approvals
- Reimbursement via J-code (buy and bill) simplifies the approval administration burden

Tumor HI Payer Mix



Primary payer assigned from the most frequently observed claim dates.
Other include VA, DoD, etc.

Source: Company analysis

©2026 Rezolute, Inc. All Rights Reserved.

Ersodetug's Addressable Patients, Dosing Regimen and Rare-Disease Pricing Enable Combined Market Opportunity that Exceeds $5 Billion

Combined U.S. opportunity ~6,000 patients

- Congenital HI maintenance dose: 10 mg/kg
  - Pediatric patient average weight: ~24 kg
  - Patients will use 3 vials per infusion on average
  - 39 vials per year per patient assuming infusion every four weeks
- Tumor HI maintenance dose: 9 mg/kg
  - Adult patient average weight: ~80 kg
  - Patients will use 9 vials per infusion on average
  - 117 vials per year per patient assuming infusion every four weeks
- Payer research confirms likely acceptance of rare-disease weight-based pricing for both indications
  - Congenital HI: ~2,000 patients; $750M-$1B TAM
  - Tumor HI: ~4,000 patients; $4-5B TAM

With weight-based dosing, tumor HI patients require ~3X more vials compared to congenital HI patients

Source: Company analysis

©2026 Rezolute, Inc. All Rights Reserved.

An Ultra-rare Disease Company Treating Refractory Hypoglycemia

Mission-driven to improve outcomes for individuals with refractory hypoglycemia caused by hyperinsulinism (HI)

RZ358 (ersodetug) is an antibody designed to treat refractory hypoglycemia caused by all forms of HI

Ersodetug has been studied in clinical trials and used in real-world cases for the treatment of HI

Total $5B+ global market opportunity with additional upside through expansion

Well-capitalized for execution: ~$180 million in cash with runway through 2028

©2026 Rezolute, Inc. All Rights Reserved.



Rezolutebio.com